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CONFIRMATION NO. 8203

<b>SERIAL NUMBER</b> 10/799,312	<b>FILING OR 371(c) DATE</b> 03/12/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1797	<b>ATTORNEY DOCKET NO.</b> 30862.CIP
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/659,222 09/10/2003 ABN  
 which claims benefit of 60/411,068 09/16/2002  
 and claims benefit of 60/421,699 10/28/2002  
 and claims benefit of 60/484,869 07/03/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/27/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 99	<b>INDEPENDENT CLAIMS</b> 7
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**TITLE**

Food borne pathogen sensor and method

<b>FILING FEE RECEIVED</b> 2666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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